

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)
Effective on 12/08/2004.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 C.F.R. 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete if Known

Application Number	10/693,104
Filing Date	October 27, 2003
First Named Inventor	Shinji UCHIDA
Examiner Name	D. D. Le
Art Unit	2834
Attorney Docket No.	00862.023280

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>06-1205</u>		Deposit Account Name: <u>Fitzpatrick, Cella, Harper & Scinto</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

$$13 - 20 \text{ or HP} = 0 \times 50.00 = 0.00$$

HP = highest number of total claims paid for, if greater than 20

Fee (\$) Fee Paid (\$)

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

$$5 - 5 (\text{HP}) = 0 \times 200.00 = 0.00$$

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x 250.00 = _____		

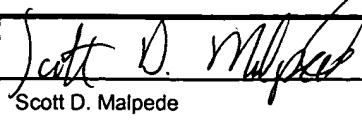
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. 32,533 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)	Scott D. Malpede		Date: December 29, 2005



00862.023280

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Shinji UCHIDA

Application No.: 10/693,104

Filed: October 27, 2003

For: POSITIONING APPARATUS AND
CHARGED-PARTICLE-BEAM EXPOSURE
APPARATUS

)
: Examiner: D. D. Le
)
: Group Art Unit: 2834
)
: Confirmation No.: 1628
)
:
)
: December 29, 2005
)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated September 29, 2005, please amend the above-identified application as follows: